

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/655/09</u>	FILING DATE					
APPLICANT(S)							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		2					61						
12	1						62						
13		1					63						
14		2					64						
15		3					65						
16		1					66						
17		1					67						
18		1					68						
19		3					69						
20		5					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25		5					75						
26		5					76						
27		3					77						
28		3					78						
29		3					79						
30		3					80						
31		5					81						
32		5					82						
33		5					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	91						TOTAL DEP.						
TOTAL CLAIMS	93						TOTAL CLAIMS						